

# Recipient Committee Campaign Statement

(Government Code Sections 84200 - 84218.5)

COVER PAGE - LONG FORM

F I L E D

JUN 21 2006

Date Stamp

460

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REGISTRATION OR VOTER REGISTRATION ONLY

By Alvando

06/06/2006

COPY

Statement covers period

from 05/21/2006

through 06/16/2006

Date of Election if applicable (Month, Day, Year) By Alvando

06/06/2006

## 1. Type of Recipient Committee:

- ☒ Officeholder, Candidate Controller Committee ☐ State Measure Committee
- ☐ State Candidate Election Committee ☐ Primarily Formed
- ☐ Recall ☐ Controlled
- ☐ General Purpose Committee ☐ Sponsored
- ☐ Sponsored ☐ Primarily Formed Candidate
- ☐ Small Contributor Committee ☐ Officeholder Committee
- ☐ Political Party/Central Committee

## 2. Type of Statement:

- ☐ Pre-election Statement ☐ Quarterly Statement
- ☐ Semi-annual Statement ☒ Special Off-Year Report
- ☐ Termination Statement ☐ Supplemental Pre-election
- ☐ Amendment (Explain below) Statement - Attach Form 485

POST-ELECTION REPORT

## 3. Committee Information

ID NUMBER  
1234010

COMMITTEE NAME

Committee to Re-Elect Bill Habelmehl

STREET ADDRESS (NO P.O. BOX)

CITY

STREET ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL FAX MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER

Barrett Garcia

CITY

NAME OF ALTERNATE TREASURER, IF ANY

STREET ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL FAX MAIL ADDRESS

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 6/20/06

DATE

Executed on 6/20/06

DATE

Executed on \_\_\_\_\_

DATE

Executed on \_\_\_\_\_

DATE

By Barrett Garcia

SIGNATURE OF TREASURER OR ALTERNATE TREASURER

By William M. Habelmehl

SIGNATURE OF CONTROLLING OFFICER OF DEB. CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, STATE MEASURE PROPONENT

By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, STATE MEASURE PROPONENT

SOCW - PCAC0007262217 (Rev. 9/99)

State of California Fair Political Practices Commission

Recipient Committee  
Campaign Statement  
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COVER PAGE - PART 2

CALIFORNIA  
FORM 460

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5. Officeholder or Candidate Controlled Committee 6. Ballot Measure Committee

NAME OF OFFICEHOLDER OF CANDIDATE

William M. Habermehl

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Superintendent of Schools, ORANGE COUNTY  
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP CODE

**Related Committees Not Included in this Statement:** List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE?
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE?
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT

☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE OR, PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

**Campaign Disclosure Statement  
Summary Page**

SUMMARY PAGE

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>05/21/2006</u>	Page <u>3</u> of <u>5</u>
through <u>06/16/2006</u>	
I.D. NUMBER 1234010	

NAME OF FILER William M. Habermehl, Committee to Re-Elect Bill Habermehl

**Contributions Received**

	<b>Column A</b> TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	<b>Column B</b> CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... <i>Schedule A, Line 3</i>	\$ <u>0.00</u>	\$ <u>0.00</u>
2. Loans Received ..... <i>Schedule B, Line 7</i>	<u>0.00</u>	<u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... <i>Add Lines 1 + 2</i>	\$ <u>0.00</u>	\$ <u>0.00</u>
4. Non-monetary Contributions ..... <i>Schedule C, Line 3</i>	<u>0.00</u>	<u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... <i>Add Lines 3 + 4</i>	\$ <u>0.00</u>	\$ <u>0.00</u>

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

1/1 through 6/30      7/1 to Date

20. Contributions Received .... \$ 0 0

21. Expenditures Made ..... \$ 26,482 0

**Expenditures Made**

6. Cash Payments ..... <i>Schedule E, Line 4</i>	\$ <u>371.50</u>	\$ <u>26,487.02</u>
7. Loans Made ..... <i>Schedule H, Line 7</i>	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS ..... <i>Add Lines 6 + 7</i>	\$ <u>371.50</u>	\$ <u>26,487.02</u>
9. Accrued Expenses (Unpaid Bills) ..... <i>Schedule F, Line 3</i>	<u>0.00</u>	<u>0.00</u>
10. Nonmonetary Adjustment ..... <i>Schedule C, Line 3</i>	<u>0.00</u>	<u>0.00</u>
11. TOTAL EXPENDITURES MADE ..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>371.50</u>	\$ <u>26,487.02</u>

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Expenditure Made\***  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)      Total to Date

**Current Cash Statement**

12. Beginning Cash Balance ..... <i>Previous Summary Page, Line 16</i>	\$ <u>30,067.00</u>
13. Cash Receipts ..... <i>Column A, Line 3 above</i>	<u>0.00</u>
14. Miscellaneous Increases to Cash ..... <i>Schedule I, Line 4</i>	<u>20.40</u>
15. Cash Payments ..... <i>Column A, Line 8 above</i>	<u>371.50</u>
16. <b>ENDING CASH BALANCE</b> ..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>29,715.90</u>

*If this is a Termination Statement, Line 16 must be zero.*

17. LOAN GUARANTEES RECEIVED *Schedule B, Part 1, Column (b)* \$ 0.00

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents .....	\$ <u>0.00</u>
19. Outstanding Debts ..... <i>Add Line 2 + Line 9 in Column C above</i>	\$ <u>0.00</u>

**Schedule E  
Payments Made**

SCHEDULE E

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>05/21/2006</u>	
through <u>06/16/2006</u>	Page <u>4</u> of <u>5</u>
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NAME OF FILER William M. Habermehl, Committee to Re-Elect Bill Habermehl

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging and meals (explain)
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging and meals (explain)
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			
	CODE	OR	DESCRIPTION OF PAYMENT
Barrett Garcia	PRO		

**SUBTOTAL \$ 300.00**

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ 300.00
2. Unitemized payments made this period of under \$100.	\$ 71.50
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column(d).)	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .... <b>TOTAL</b>	\$ 371.50

**Schedule I**  
**Miscellaneous Increases to Cash**

SCHEDULE I

Statement covers period from <u>05/21/2006</u> through <u>06/16/2006</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER William M. Habermehl, Committee to Re-Elect Bill Habermehl

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME & ADDRESS)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

**SUBTOTAL \$** 0.00

**Miscellaneous Increases to Cash Summary**

1. Increases to cash of \$100 or more this period. ....	\$ 0.00
2. Increases to cash under \$100 this period. (Do not itemize.) .....	\$ 20.40
3. Total of all interest received this period on loans made to others. (Schedule H, Part II (b).) .....	\$ 0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 15.) .....	<b>TOTAL \$ 20.40</b>